

<b>SALINA PARKS &amp; RECREATION DEPARTMENT</b>			300 W. Ash, Rm. #100, Salina, KS 67401 FAX (785) 309-5769			<b>Registration Form</b>		
<b>Head of Household or Primary Guardian</b>	<b>FIRST NAME:</b>		<b>LAST NAME:</b>		<b>DOB:</b>	___/___/___		<b>Office Use Only:</b>  <b>Date / Initials:</b>
	<b>ADDRESS:</b>							
	<b>CITY:</b>		<b>STATE &amp; ZIP:</b>		<b>CELL PHONE:</b>			
	<b>HOME PHONE:</b>		<b>WORK PHONE:</b>		<b>EMERGENCY CONTACT &amp; PHONE NUMBER:</b>			
<b>E-MAIL ADDRESS:</b>			<b>SPECIAL INSTR:</b> (ALLERGIES/MEDICAL NEEDS)					

Participant's Name	Sex (circle one)	Date of Birth	Current Grade ('10-'11)	Program Name	Program # (required) Ex. 9999.999	Start Date	Time	Fee
	M / F	___/___/___						
	M / F	___/___/___						
	M / F	___/___/___						
	M / F	___/___/___						
	M / F	___/___/___						

Some programs offered in this brochure include a T-shirt in the registration fee. Please circle your T-shirt size below if enrolling in one of those programs:  <b>Adult:</b> SM MED LG XL <b>Youth:</b> MED (10-12) LG (14-16) <b>Other:</b> _____	<input type="checkbox"/> <b>Yes, I would like to support good sportsmanship with a tax-deductible donation to the Salina Area Youth Sportsmanship Initiative, Inc. (501c3 non-profit organization)</b>		<b>AMOUNT:</b>	
	<b>Waiting List:</b> <input type="checkbox"/> I wish to be placed on the waiting list for my 1st choice program(s). <input type="checkbox"/> I wish to be contacted about any other program openings.		<b>TOTAL FEES:</b>	\$
	<b>Method Of Payment:</b> <input type="checkbox"/> My check (payable to the City of Salina) or money order is enclosed <input type="checkbox"/> Driver's License # _____ <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover (for check verification purposes) <b>Card No:</b> _____ <b>Exp. Date:</b> _____ <b>Signature:</b> _____ <b>Date:</b> _____			

**ANNUAL PARTICIPANT CONSENT FORM & MEDICAL TREATMENT AUTHORIZATION FORM MUST BE SIGNED BY A PARENT/GUARDIAN AT THE TIME OF REGISTRATION. IF MAILED OR FAXED IN, A FORM WILL BE SENT TO YOU TO SIGN AND RETURN.**